Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

	<i>.</i>	CLAIMS A	•	-		(Caluma 0)		SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)) <u> </u>	YPE [OR	SMALL	ENTITY
							-	RATE	FEE	┨.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2 minus 20=		*			X\$ 9=		OR	X\$18=	[8
INDEPENDENT CLAIMS			(minus 3 =		1			X43=		OR	X86=	84
ML	JLTIPLE DEPE	NDENT CLAIM P	PRESENT					+145=		1	+290=	.04
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	<u> </u>	OR	TOTAL	
	. (<u> </u>	JOH		THAN					
		CLAIMS AS A (Column 1)		(Colum		(Column 3)	. ;	SMALL	ENTITY	OR	OTHER SMALL	
4		CLAIMS		HIGHE			ir		ADDI-	1 [ADDI-
ENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATÉ	TIONAL
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	·
		ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM			+145=			+290=	-
1. 01				•	•		L	TOTAL		OR		
			•				AD	DIT. FEE		OR ,	TOTAL ODIT. FEE	- 5
		(Column 1)	т	(Colum		(Column 3)	ı <u></u>					4,
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	**	·	=	 	K\$ 9=	FEE	OR	X\$18=	FEE
	Independent	*	Minus	***		=	-	X43=	·	ŀ	X86=	=
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	A43=		OR	∧ 00=	
							L+	145=		OR	+290=	
							ADE	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column	<u>1</u> 2) .	(Column 3)						æ
MEN		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	R		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	155
	Independent		Minus	***	·	=	-	43=		`` 		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	43=	(OR L	X86=	
. 16	the entry is selve	nn 1 in loss than the					+1	145=		DR	+290=	İ
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR TOTAL ADDIT. FEE												
· TI	he *Highest Num	ber Previously Paid	For" (Total or	o SPACE IS I	ess than) is the l	3, enter "3." lighest number			opriate box			